## B22C (Official Form 22C) (Chapter 13) (01/08)

In re Hye Ki	m	According to the calculations required by this statement:
	Debtor(s)	■ The applicable commitment period is 3 years.
Case Number:	10-10955	☐ The applicable commitment period is 5 years.
	(If known)	☐ Disposable income is determined under § 1325(b)(3).
		■ Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement.)

## CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. REPORT OF INCOME						
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.						
1	a.   Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.						
	b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income")	e'') for Lines 2-10					
	All figures must reflect average monthly income received from all sources, derived during the six	Column A	Column B				
	calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the	Debtor's	Spouse's				
	six-month total by six, and enter the result on the appropriate line.	Income	Income				
2	Gross wages, salary, tips, bonuses, overtime, commissions.	\$ 4,000.00	\$ 0.00				
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.						
	Debtor Spouse						
	a. Gross receipts \$ 0.00 \$ 0.00						
	b. Ordinary and necessary business expenses \$ 0.00 \$ 0.00 c. Business income Subtract Line b from Line a	\$ 0.00	\$ 0.00				
4	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.  Debtor Spouse  a. Gross receipts \$ 0.00 \$ 0.00						
	b. Ordinary and necessary operating expenses \$ 0.00 \$ 0.00						
		\$ 0.00	\$ 0.00				
5	Interest, dividends, and royalties.	\$ 0.00	\$ 0.00				
6	Pension and retirement income.	\$ 0.00	\$ 0.00				
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse.	\$ 0.00	\$ 0.00				
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8.  However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:  Unemployment compensation claimed to						
	be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ 0.00	\$ 0.00	\$ 0.00				

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9	income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or sayments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.				
	Debtor	Spouse	]		
	a. \$   b.   \$	\$ \$	-   <sub>\$</sub> 0.0	00   \$	0.00
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is c in Column B. Enter the total(s).	ompleted, add Lines 2 through	9 \$ 4,000.0	\$	0.00
11	<b>Total.</b> If Column B has been completed, add Line 10, Column A the total. If Column B has not been completed, enter the amount		er \$		4,000.00
	Part II. CALCULATION OF § 1325	5(b)(4) COMMITMENT	PERIOD		
12	Enter the amount from Line 11			\$	4,000.00
13	b. c.	of require inclusion of the incomound B that was NOT paid on a the lines below, the basis for e's support of persons other that purpose. If necessary, list additional that is a support of persons other that purpose.	ne of your spouse, regular basis for excluding this in the debtor or the		
	Total and enter on Line 13			\$	0.00
14	Subtract Line 13 from Line 12 and enter the result.	\$	4,000.00		
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.				48,000.00
16	<b>Applicable median family income.</b> Enter the median family inco information is available by family size at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or f				
	a. Enter debtor's state of residence: CA b. Er	nter debtor's household size:	3	\$	70,638.00
17	<ul> <li>Application of § 1325(b)(4). Check the applicable box and proceed as directed.</li> <li>■ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is top of page 1 of this statement and continue with this statement.</li> <li>□ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is the top of page 1 of this statement and continue with this statement.</li> </ul>				
	Part III. APPLICATION OF § 1325(b)(3) FOR	DETERMINING DISPOSA	BLE INCOME	1	
18	Enter the amount from Line 11.				4,000.00
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.    a.				
	Total and enter on Line 19.	_		\$	0.00
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.				4,000.00

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21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.				\$	48,000.00		
22	Applicable median family income. Enter the amount from Line 16.			\$	70,638.00			
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed.  ☐ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is detern 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.  ■ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Pa					t deterr	mined under §	
					DEDUCTIONS FRO			,
					ds of the Internal Reve			
24A	Enter in applica	nal Standards: food, appar n Line 24A the "Total" amuble household size. (This ptcy court.)	ount from IRS National	Stand	ards for Allowable Living	Expenses for the	\$	
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.							
	Household members under 65 years of age  Household members 65 years of age or older			of age or older				
	a1.	Allowance per member		a2.	Allowance per member			
	b1.	Number of members		b2.	Number of members			
	c1.	Subtotal		c2.	Subtotal		\$	
25A	Utilitie	Standards: housing and uses Standards; non-mortgage ele at www.usdoj.gov/ust/c	expenses for the applica	able c	ounty and household size.		\$	
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.  a. IRS Housing and Utilities Standards; mortgage/rent Expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 c. Net mortgage/rental expense  Subtract Line b from Line a.				\$			
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities				lousing and Utilities	\$		
27A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are					\$		

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27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)						
Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)   Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero.							
	a. IRS Transportation Standards, Ownership Costs \$ Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47 \$						
	c. Net ownership/lease expense for Vehicle 1 Su	ubtract Line b from Line a.	\$				
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Powersta for the delta coursed by Vehicle 2, as stated in Line 47; subtract Line b from Line and enter-						
	c. Net ownership/lease expense for Vehicle 2	ubtract Line b from Line a.	\$				
Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.			\$				
Other Necessary Expenses: mandatory deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.			\$				
Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.			\$				
Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.			\$				
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.						
35	Other Necessary Expenses: childcare. Enter the total average monthly childcare - such as baby-sitting, day care, nursery and preschool. <b>Do not</b>	\$					
36	Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.						
Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b>			\$				
Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.			\$				
Subpart B: Additional Living Expense Deductions							
Note: Do not include any expenses that you have listed in Lines 24-37							

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	Health the cate depende			
39	a.	Health Insurance	\$	
	b.	Disability Insurance	\$	
	c.	Health Savings Account	\$	
	Total ar	nd enter on Line 39		\$
	If you obelow:	do not actually expend this total amount, state	your actual total average monthly expenditures in the space	
40	expense ill, or d	es that you will continue to pay for the reasonable	<b>Family members.</b> Enter the total average actual monthly a and necessary care and support of an elderly, chronically by your immediate family who is unable to pay for such	\$
41	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.			\$
42	trustee with documentation of your actual expenses, and you must demonstrate that the additional amount			\$
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.			s
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.			\$
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). <b>Do not include any amount in excess of 15% of your gross monthly income.</b>			\$
46	<b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 39 through 45.			\$

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		Subpart C: Deductions for	Debt Payment				
47	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and						
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance			
	a.		\$ Total: Add Line	□yes □no	\$		
48	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.						
	Name of Creditor a.	Property Securing the Debt	\$	f the Cure Amount			
49	priority tax, child support and ali	ty claims. Enter the total amount, divid mony claims, for which you were liable such as those set out in Line 33.			\$		
	Chapter 13 administrative experesulting administrative expense.	enses. Multiply the amount in Line a by	the amount in Line b.	and enter the			
50	a. Projected average monthly Chapter 13 plan payment.  b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  c. Average monthly administrative expense of Chapter 13 case  Total: Multiply Lines a and b						
51		ment. Enter the total of Lines 47 through	Total: Multiply	Lines a and b	\$		
		Subpart D: Total Deduction			*		
52	Total of all deductions from inc	come. Enter the total of Lines 38, 46, ar			\$		
		MINATION OF DISPOSABL		DER § 1325(b)(2			
53					\$		
54	<b>Support income.</b> Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.				\$		
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).						
56	Total of all deductions allowed	under § 707(b)(2). Enter the amount fr	rom Line 52.		\$		

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2220 (0	(01/00)		•	
	Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expense necessary and reasonable.			
57	Nature of special circumstances	Amount of Expense	7	
	a.	\$	7	
	b.	\$	7	
	c.	\$	7	
		Total: Add Lines	\$	
58	<b>Total adjustments to determine disposable income.</b> Add the a result.	mounts on Lines 54, 55, 56, and 57 and enter the	\$	
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.			
	Part VI. ADDITIONAL	L EXPENSE CLAIMS		
Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the he of you and your family and that you contend should be an additional deduction from your current monthly income under 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average mone each item. Total the expenses.				
60	Expense Description	Monthly Amour	nt	
	a.	\$		
	b.	\$		
	c.	\$ \$	_	
	d. Total: Add Lines		-	
	Part VII. VER	RIFICATION		
	I declare under penalty of perjury that the information provided i <i>must sign.</i> )	in this statement is true and correct. (If this is a j	oint case, both debtors	
61	Date: <b>April 5, 2010</b>	Signature: /s/ Hye Kim		
01		Hye Kim		
		(Debtor)		

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